

# STUDENT TRANSPORTATION CHANGE REQUEST

Greensburg Salem School District

School		Grade	
Student Name			
Home Address			
Parent /Guardian Name(s)		Phone #	
Email Address		Cell#	

CURRENT TRANSPORTATION INFORMATION			
AM Bus #		AM Bus Stop	
PM Bus #		PM Bus Stop	

ALTERNATE TRANSPORTATION REQUEST INFORMATION		
Name of Caretaker or Care Facility		Day(s) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All
Alternative Address		<input type="checkbox"/> AM ONLY
		<input type="checkbox"/> PM ONLY
Alternative Site Phone Number(s)		<input type="checkbox"/> AM & PM
Notes/ Reason for change request		

<b>TRANSPORTATION CHANGES TYPICALLY TAKE 4-5 DAYS</b>	Today's Date
Requested Start Date	End Date

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

Signature \_\_\_\_\_  Yes  No Date \_\_\_\_\_  
Building Principal

Signature \_\_\_\_\_  Yes  No Date \_\_\_\_\_  
Transportation Office

OFFICE USE ONLY					
Alternative Assignment	AM Bus #		Bus Stop		
	PM Bus #		Bus Stop		
Start Date				End Date	

**Please PRINT this form and SUBMIT to building Principal for approval.**